

State Health Planning and Development Agency
Utilization Report for January 1, 2001 to December 31, 2001
 1177 Alakea St. #402 Honolulu, Hawaii 96813

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Name of Facility:

Date:

TABLE 1. WAIT LISTED PATIENTS IN ACUTE CARE BEDS READY TO DISCHARGE BUT UNABLE TO PLACE
 (for completion by facilities with acute care beds)

Type of Facility Wait Listed To	SNF/ICF (A)	Care Homes & Alternatives Such as NHWW, Project Malama, etc. (B)	Home Health, Day Hospital, Day Care (C)	Other(s) (specify): _____ _____ _____ (D)	Total Col (A+B+C+D) (E)		
On the last day of the reporting period enter the number of patients wait listed for:							
Reasons for Wait Listing	Beds Were Not Avail-able (F)	Psychiatric, Dementia, Behavior, etc. Problem(s) (G)	Special Services/ Care Required (H)	Financial, Medicaid, Insurance, etc. Problem(s) (I)	Family/ Caregiver/ Guardianship Problem(s) (J)	Pending PASARR Screening (K)	Other(s) Specify: _____ _____ _____ (L)
On the last day of the reporting period the number of patients that were wait listed because of the following primary reasons were as follows:							
During the Reporting Period:							
(1) The total number of wait listed patients in acute care beds was: _____ patients.							
(2) The total patient days attributed to wait listed patients in acute care beds was: _____ patient days.							
(3) Were your wait listed patients included in your acute care bed utilization data totals on page 1? <input type="checkbox"/> Included <input type="checkbox"/> Excluded							

TABLE 2. WAIT LISTED PATIENTS IN LONG TERM CARE BEDS READY TO DISCHARGE BUT UNABLE TO PLACE
 (for completion by facilities with long term care beds)

Type of Facility Wait Listed To	SNF/ICF (A)	Care Homes & Alternatives Such as NHWW, Project Malama, etc. (B)	Home Health, Day Hospital, Day Care (C)	Other(s) (specify): _____ _____ _____ (D)	Total Col (A+B+C+D) (E)		
On the last day of the reporting period enter the number of patients wait listed for:							
Reasons for Wait Listing	Beds Were Not Avail-able (F)	Psychiatric, Dementia, Behavior, etc. Problem(s) (G)	Special Services/ Care Required (H)	Financial, Medicaid, Insurance, etc. Problem(s) (I)	Family/ Caregiver/ Guardianship Problem(s) (J)	Pending PASARR Screening (K)	Other(s) Specify: _____ _____ _____ (L)
On the last day of the reporting period the number of patients that were wait listed because of the following primary reasons were as follows:							
During the Reporting Period:							
(1) The total number of wait listed patients in long term care beds was: _____ patients.							
(2) The total patient days attributed to wait listed patients in long term care beds was: _____ patient days.							
(3) Were your wait listed patients included in your long term care bed utilization data totals on page 1? <input type="checkbox"/> Included <input type="checkbox"/> Excluded							